

# Wayne Radiology Center

NPI: 1063172476

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**3T HIGH FIELD WIDE BORE OPEN MRI • 64 SLICE LOW DOSE CT-SCAN • DIGITAL MAMMOGRAPHY • ULTRASOUND**

WALK IN: **ULTRASOUND / X-RAY / DEXA / MAMMOGRAPHY**  Films  CD  Online Access  Call Stat Report TEL. \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ TEL. \_\_\_\_\_

ICD-10 CODES REQUIRED \_\_\_\_\_

Medicare and other insurances require coding of specific/definitive diagnosis(es), sign(s) or symptom(s) to reflect the "medical necessity" for each test. Rule out, Possible or Probable Conditions cannot be coded. (As per Medicare Policy Part B Bulletin)

PHYSICIAN'S NAME \_\_\_\_\_ TEL. \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
*Original Signature Only (Signature Stamp not allowed)*

I hereby certify that the exam(s) ordered on this form is/are medically necessary to manage the care of the patient.

**3T WIDE BORE MRI**

- WITH AND WITHOUT CONTRAST  WITHOUT CONTRAST
- HEAD**
- Brain(routine)
  - Brain(seizureprotocol)
  - BrainwithDTI
  - IAC'S
  - Orbits(opticnerve)
  - Pituitary Gland (w/wo contrast)
  - Sinuses
  - TMJ
- MR ANGIOGRAM**
- Carotids
  - Cerebral
  - Renals
  - Aorta
  - Lower Extremities Runoff (includes Abdomen, Pelvis, Lower Extremities)
  - Upper Extremities Runoff (Chest, Arm, Forearm, Hand)
  - MRCP

- SPINE**
- Cervical Level: \_\_\_\_\_
  - Thoracic Level: \_\_\_\_\_
  - Lumbar Level \_\_\_\_\_
  - Pelvic Bone(w/sacrum/coccyx)

- CHEST/BODY**
- Neck (soft tissue)
  - Breast MRI with CAD (bilateral) w/wo contrast

- ABDOMEN**
- Abdomen w/o contrast
  - Abdomen w/wo contrast
  - MR Urogram (no contrast)

- PELVIS**
- Pelvis w/o contrast
  - Pelvis w/wo contrast
  - Male Pelvic Bone
  - Female Pelvic
  - Prostate with Multiparametric 3D (no endorectal coil needed) w/wo Contrast

- EXTREMITIES**
- Shoulder  L  R  B
  - Elbow  L  R  B
  - Wrist  L  R  B
  - Hand  L  R  B
  - Hip  L  R  B
  - Thigh  L  R  B
  - Knee w/ mapping  L  R  B
  - Lower Leg  L  R  B
  - Ankle  L  R  B
  - Foot  L  R  B

- MRI ARTHROGRAM**
- Shoulder  L  R  B
  - Elbow  L  R  B
  - Wrist  L  R  B
  - Hip  L  R  B
  - Knee  L  R  B
  - Ankle  L  R  B

**64 SLICE CT-SCAN** LOWEST RADIATION DOSE

- |                                                      | with & w/o               | w/o                      |
|------------------------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Brain w/3D                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pituitary w/3D              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Orbits w/3D                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Temporal Bones/IAC w/3D     | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Sinuses w/3D                | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Sinuses w/Landmark Protocol | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Neck-Soft Tissue w/3D       | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Lung w/3D                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Chest w/3D                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Abdomen/Pelvisw/3D          | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pelvis w/3D                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Cervical Spine w/3D         | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Thoracic Spine w/3D         | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Lumbar Spine w/3D           | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Extremities w/3D            | <input type="checkbox"/> | <input type="checkbox"/> |

- CT-ANGIO**
- |                                           |                                     |
|-------------------------------------------|-------------------------------------|
| <input type="checkbox"/> CTA Head         | <input type="checkbox"/> CTA Pelvis |
| <input type="checkbox"/> CTA Carotid      | <input type="checkbox"/> CTA Upper  |
| <input type="checkbox"/> CTA Chest        | <input type="checkbox"/> CTA Lower  |
| <input type="checkbox"/> CTA AbdomenAorta | <input type="checkbox"/> CTA Aorta  |

- ULTRASOUND / SONOGRAPHY**
- Abdomen/Retroperitoneum w/Doppler
  - Female Pelvis/Transabd/Transvag w/Doppler
  - OB Sono 1st Trimester w/Doppler
  - OB Sono Targeted w/Doppler
  - OB Sono BPP Limited Scan
  - Male Pelvis/Transabd w/Doppler
  - Thyroid w/Color Mapping
  - Breastw/Color Mapping
  - Testicular w/Doppler
  - Extremity
  - Elastography
  - Other \_\_\_\_\_

- VASCULAR DOPPLER**
- LE - (Lower Extremity) - Arterial  L  R  B
  - UE - (Upper Extremity) - Arterial  L  R  B
  - LE - Venous  L  R  B
  - Carotid
  - Vertebral w/Limited Intracranial Imaging
  - Abdominal Vasculature
  - Other \_\_\_\_\_

**DIGITAL X-RAY**

- Skull
- Orbits  RT  LT
- Facial Bones
- Nasal Bones
- ParanasalSinuses
- Nasopharynx/Soft Tissue Neck
- Cervical Spine
- ThoracicSpine
- Lumbar Spine
- Pelvis
- Sacrum/Coccyx
- SI Joints
- Shoulder  RT  LT
- Scapula  RT  LT
- Clavicle  RT  LT
- Chest PA/LAT
- Ribs  RT  LT
- Sternum
- Arm/Humerus  RT  LT
- Elbow  RT  LT
- Forearm  RT  LT
- Wrist  RT  LT
- Hand  RT  LT
- Finger  RT  LT
- Abdomen - KUB
- Abdomen- Flat/Upright
- Hip  RT  LT
- Knee  RT  LT
- Tibia/Fibula  RT  LT
- Ankle  RT  LT
- Heel/Calcaneous  RT  LT
- Foot  RT  LT
- Toe  RT  LT
- Skeletal Survey
- Scoliosis Series
- Other \_\_\_\_\_

**DIGITAL MAMMOGRAPHY**

- Screening
- Diagnostic  RT  LT
- Unilateral  RT  LT

**DEXA (Osteoporosis)**

- Bone Mineral Density
- Vertebral Fracture Assessment

**ECHOCARDIOGRAPHY**

- Echocardiography w/Color Doppler & Velocity Mapping

SPECIAL INSTRUCTIONS & DIAGNOSTIC PROCEDURES NOT LISTED:

📞 24 hour notice required for cancellation or changes to your appointment

[www.wayneradiology.com](http://www.wayneradiology.com)

## PATIENT INSTRUCTIONS

### MRI / MRA (Magnetic Resonance Imaging)

Please inform us if you have any of the following:

- Surgical vascular clips
- Neurostimulators
- Cochlear Implants
- Breast Tissue Expander
- IVC Filter
- Penile Implants
- Sliver backed dermal patches

Do not wear eye make-up.

Music available during the examination.

### PATIENTS WITH:

- Pacemakers
- Cerebral Aneurysm Clips
- Ferrometallic Implants

CAN NOT HAVE AN MRI EXAM PERFORMED.

### BREAST MRI:

Has to be done between the 7th and 14th day after the menstrual cycle.

### CT-SCAN:

Nothing to eat or drink 8 hours prior to the exam except water.

Must pick up barium bottles from our office prior to the actual day of the exam. Drink 1 bottle before bedtime and half a bottle 1 hour before exam.

BUN \_\_\_\_\_ CRE \_\_\_\_\_ eGFR \_\_\_\_\_

### DATE OF BLOOD WORK: \_\_\_\_\_

Asthmatic or Allergic Patients, please pre-medicate.

Diabetic Patients needing contrast, please alert our office at the time of your appointment.

### THERE IS SPECIAL PREPARATION FOR ABDOMINAL MRI AND PELVIC MRI:

Nothing to eat or drink 4 hours until the exam.

### MRCP:

Nothing to eat or drink 6 hours prior to the exam.

### ABDOMINAL SONOGRAM:

Nothing to eat or drink for 8 hours prior to exam.

### OB AND PELVIC SONOGRAM:

30 minutes before exam drink 4 large glasses of water. Do not empty bladder, full bladder required.

### DIGITAL MAMMOGRAM:

Do not use powder, deodorant or perfume on the underarms or breast area on the day of the exam. Bring previous mammogram films.

### DEXA:

No calcium pills, vitamins with calcium or dairy products on day of exam.

No nuclear medicine studies or contrast studies day before exam.

### ⚠ ATTENTION ALL PATIENTS:

- Please wear loose and comfortable clothing when coming in for your diagnostic exam.
- Please try not to bring any valuables when arriving for your diagnostic exams.
- Attention patients, please bring all related results and copies of studies performed.

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